

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580571

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	3		1			
4	2		1			
5	0		1			
6	0		1			
7	0		1			
8	0		1			
9	0		1			
10	0		1			
11	1		1			
12	0		1			
13	0		1			
14	0		1			
15	0		1			
16	1		1			
17	1		1			
18	2		1			
19	2		1			
20	0		1			
21	0		1			
22	0		1			
23	0		1			
24	0		1			
25	0		1			
26	0		1			
27	0		1			
28	0		1			
29	0		1			
30	0		1			
31	0		1			
32	1		1			
33	1		1			
34	1		1			
35	3		1			
36	0		1			
37	0		1			
38	0		1			
39	0		1			
40	0		1			
41	0		1			
42	0		1			
43	0		1			
44	0		1			
45	1		1			
46	1		1			
47			1			
48			1			
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		████████		████████		████████